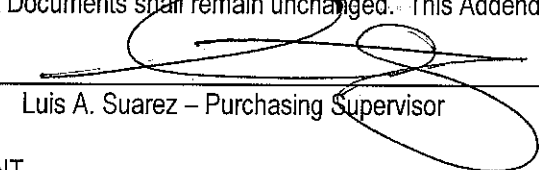


ADDENDUM No. 1

TO: ALL BIDDERS
FROM: CITY OF HIALEAH
RFQ #: 2012/13-1000-36-002
RE: POLICE OR CITY – INITIATED WRECKER SERVICES
DATE: JANUARY 18, 2013

The original contract documents for the entitled: **POLICE OR CITY – INITIATED WRECKER SERVICES** need to be amended as noted in this Addendum No. 1.

This Addendum No. 1 consists of 2 typed pages, 2 attachments, and 1 addendum receipt form (ARF). All other items and conditions of the original Contract Documents shall remain unchanged. This Addendum shall become a part of the Contract Documents.

Approved for issue:  Date: January 18, 2013
Luis A. Suarez – Purchasing Supervisor

ACKNOWLEDGMENT

Receipt of this Addendum No. 1 shall be acknowledged in the space provided on the ADDENDUM RECEIPT form – ARF (Copy attached) now a part of the Contract Documents to be faxed immediately to the City of Hialeah Purchasing Division (305) 883-5871 and submitted with sealed bids.

QUESTIONS AND ANSWERS:

Response to RFI from Midtown Towning Inc. dated January 18, 2013.

- Q1. Page #2 of the Statement of Bidder's Qualifications, it should be page #75 in the RFP.
- A1. See attached for complete Statement of Bidder's Qualifications.
- Q2. The Corporate Information form is missing.
- A2. See attached .PDF labeled forms.
- Q3. The Office and Storage Lots Information form is missing.
- A3. See attached .PDF labeled forms.
- Q4. The Equipment form is missing.
- A4. See attached .PDF labeled forms.
- Q5. The Personnel form is missing.
- A5. See attached .PDF labeled forms.

- Q6. The References, Company Experience for is missing.
- A6. See attached .PDF labeled forms.
- Q7. The Past Performance and Complaints for is missing.
- A7. See attached .PDF labeled forms.

CITY OF HIALEAH

POLICE AND CITY – INITIATED WRECKER SERVICES

2012/13-1000-36-002

ADDENDUM No. 1

CONTRACTOR'S NAME _____

ADDRESS _____

PHONE NO. _____

CONTACT NAME _____ SIGNATURE _____

THE BIDDER ACKNOWLEDGES RECEIPT OF THE FOLLOWING ADDENDUM BY SIGNING AND DATING BELOW:
(Copy of this form must be faxed immediately to the City of Hialeah at (305) 883-5871).

ADDENDUM

SIGNATURE

DATE

1

STATEMENT OF BIDDER'S QUALIFICATIONS

In order to assist the City of Hialeah in determining whether the Bidder is qualified to do the work set forth in the Bid Proposal, he shall furnish hereunder a list of references who are qualified to judge as to his financial responsibility and his experience in work of a similar nature upon which he is bidding.

The Bidder shall list the facilities or equipment that is available for use in case his bid is accepted.

The Bidder shall list the full names and residences of person and firms interested in the foregoing bid, as principals.

The Bidder shall list the name of the executive who will give personal attention to the work.

The Bidder shall list a record of his previous contracting experience.

The Bidder shall list the names and addresses of his subcontractors.

END OF STATEMENT OF BIDDER'S QUALIFICATIONS

FORMS

ATTACHMENT A

PROPOSER'S NAME (Name of firm, entity or organization): 	
FEDERAL EMPLOYER IDENTIFICATION NUMBER: 	
NAME AND TITLE OF PROPOSER'S CONTACT PERSON:	
Name: _____	Title: _____
MAILING ADDRESS:	
Street Address: _____	
City, State, Zip: _____	
TELEPHONE: () _____	FAX: () _____
PROPOSER'S ORGANIZATIONAL STRUCTURE:	
____ Corporation ____ Partnership ____ Proprietorship ____ Joint Venture	
____ Other (Explain): _____	
IF CORPORATION,	
Date Incorporated/Organized: _____	
State Incorporated/Organized: _____	
States registered in as foreign corporation: _____	
PROPOSER'S SERVICES OR BUSINESS ACTIVITIES OTHER THAN WHAT THIS SOLICITATION REQUESTS FOR: 	
LIST NAMES OF PROPOSER'S SUBCONTRACTORS OR SUBCONSULTANTS FOR THIS PROJECT: 	
PROPOSER'S AUTHORIZED SIGNATURE	
The undersigned hereby certifies that this proposal is submitted in response to this solicitation.	
Signed By: _____ Date: _____	
Print Name: _____ Title: _____	

CORPORATE INFORMATION

FIRM NAME

STREET ADDRESS

CITY, STATE & ZIP CODE

TELEPHONE NUMBER

Please attach a copy of the Proposer's TOWING LICENSE

If the Proposer is a partnership, provide the names of the individual partners and attach a copy of:

-PARTNERSHIP AGREEMENT

-CERTIFICATE OF LIMITED PARTNERSHIP filed with the Department of State

If the Proposer is a corporation or Joint venture, please list all officers and directors of the Proposer's Corporation or Joint Venture and attach a copy of:

-CORPORATE CHARTER (for each member of a Joint Venture)

-Proof of REGISTRATION WITH FLORIDA SECRETARY OF STATE

-If a Joint Venture, the JOINT VENTURE AGREEMENT

NAME

TITLE

ADDRESS

TELEPHONE NUMBER

I certify the above is true and correct

[signature]

[date]

Sworn to and subscribed before me this _____ day of _____, 19____.

NOTARY PUBLIC, State of Florida
at large

My commission expires:

OFFICE AND STORAGE LOTS AND

Please list below all facilities the Proposer will utilize for this contract. Provide the identifying numbers for the Certificate of Use and Occupancy and Occupational License for Towing and Storage of motor vehicles for each site listed below. Also, provide sufficient information to reveal whether the facilities are owned or leased.

Also, for each site listed, attach to this list a copy of:

- CERTIFICATE OF USE AND OCCUPANCY
- OCCUPATIONAL LICENSE for TOWING and STORAGE of motor vehicles

MAKE SURE ALL COMPLETED FORMS ARE SIGNED AND DATED.

ZONE	ADDRESS	CERTIFICATE OF USE & OCCUPANCY No.
OWNED OR LEASED		OCCUPATIONAL LICENSE No.
ZONE	ADDRESS	CERTIFICATE OF USE & OCCUPANCY No.
OWNED OR LEASED		OCCUPATIONAL LICENSE No.
ZONE	ADDRESS	CERTIFICATE OF USE & OCCUPANCY No.
OWNED OR LEASED		OCCUPATIONAL LICENSE No.
ZONE	ADDRESS	CERTIFICATE OF USE & OCCUPANCY No.
OWNED OR LEASED		OCCUPATIONAL LICENSE No.
ZONE	ADDRESS	CERTIFICATE OF USE & OCCUPANCY No.
OWNED OR LEASED		OCCUPATIONAL LICENSE No.
ZONE	ADDRESS	CERTIFICATE OF USE & OCCUPANCY No.
OWNED OR LEASED		OCCUPATIONAL LICENSE No.
ZONE	ADDRESS	CERTIFICATE OF USE & OCCUPANCY No.
OWNED OR LEASED		OCCUPATIONAL LICENSE No.
ZONE	ADDRESS	CERTIFICATE OF USE & OCCUPANCY No.
OWNED OR LEASED		OCCUPATIONAL LICENSE No.

EQUIPMENT

Please identify below all vehicles the Proposer intends to utilize for the services required this contract. Identify whether the unit is presently owned or whether it will be leased the Proposer. If the vehicle is not presently owned or leased, indicate the method of acquisition intended and the date of acquisition intended by the Proposer.

[illegible]

PRINCIPALS, OWNERS, STOCKHOLDERS

Please furnish below the names, present titles, social security numbers, dates of birth, addresses and telephone numbers of all Principals, Owners and Stockholders owning and controlling fifteen percent or more of the stock of the Proposer.

NAME	TITLE
ADDRESS	TELEPHONE NUMBER
NAME	DATE OF BIRTH
ADDRESS	SOCIAL SECURITY No.
NAME	TITLE
ADDRESS	TELEPHONE NUMBER
NAME	DATE OF BIRTH
ADDRESS	SOCIAL SECURITY No.
NAME	TITLE
ADDRESS	TELEPHONE NUMBER
NAME	DATE OF BIRTH
ADDRESS	SOCIAL SECURITY No.
NAME	TITLE
ADDRESS	TELEPHONE NUMBER
NAME	DATE OF BIRTH
ADDRESS	SOCIAL SECURITY No.
NAME	TITLE
ADDRESS	TELEPHONE NUMBER
NAME	DATE OF BIRTH
ADDRESS	SOCIAL SECURITY No.

I certify the above is true and correct

[signature]

[date]

Sworn to and subscribed before me this _____ day of _____

NOTARY PUBLIC, State of Florida
at large

My commission expires:

PERSONNEL

Please furnish below the names, present titles, social-security numbers, dates of birth, addresses and telephone numbers of all persons the Proposer intends to utilize in the performance of the Contract work. Please identify with specificity the individual or individuals who shall act as the official representative(s) of the Proposer for the purposes of this Contract.

NAME	DATE OF BIRTH
	RACE
SOCIAL SECURITY No.	SEX
NAME	DATE OF BIRTH
	RACE
SOCIAL SECURITY No.	SEX
NAME	DATE OF BIRTH
	RACE
SOCIAL SECURITY No.	SEX
NAME	DATE OF BIRTH
	RACE
SOCIAL SECURITY No.	SEX
NAME	DATE OF BIRTH
	RACE
SOCIAL SECURITY No.	SEX
NAME	DATE OF BIRTH
	RACE
SOCIAL SECURITY No.	SEX
NAME	DATE OF BIRTH
	RACE
SOCIAL SECURITY No.	SEX
NAME	DATE OF BIRTH
	RACE
SOCIAL SECURITY No.	SEX

REFERENCES, COMPANY EXPERIENCE

For the preceding three (3) year period, please list the project or contract name and number and the name and telephone number of the contact person representing the public (local, State and Federal) or private entity where the Proposer has performed or has been awarded a contract for towing storage and wrecker services. For each contract or project, also list the date and locations where the performance of the work took place.

Use additional sheets, if necessary, using the format shown below.

PROJECT NAME	ENTITY	CONTACT PERSON
LOCATION	DATES	TELEPHONE NUMBER
PROJECT NAME	ENTITY	CONTACT PERSON
LOCATION	DATES	TELEPHONE NUMBER
PROJECT NAME	ENTITY	CONTACT PERSON
LOCATION	DATES	TELEPHONE NUMBER
PROJECT NAME	ENTITY	CONTACT PERSON
LOCATION	DATES	TELEPHONE NUMBER
PROJECT NAME	ENTITY	CONTACT PERSON
LOCATION	DATES	TELEPHONE NUMBER
PROJECT NAME	ENTITY	CONTACT PERSON
LOCATION	DATES	TELEPHONE NUMBER

[illegible]

OVERALL ABILITY OF THE PROPOSER TO MEET ALL RFP REQUIREMENTS

Please furnish a narrative statement to describe the Proposer's ability to meet all Request for Proposal requirements, the capacity to perform the contract or services, and the ability of the Proposer to comply with the schedule of commencement and completion of the work or services as required by the County.

You may attach additional pages if the space below is insufficient to complete your statement.